

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/552765

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3			/					53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	2		↓		↓		↓	TOTAL REQ.		↓		↓	
TOTAL OCT.	17	↑		↑		↑		TOTAL OCT.		↑		↑	
TOTAL CLAIMS	19	██████████		██████████		██████████		TOTAL CLAIMS		██████████		██████████	